

General

Title

Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.

Source(s)

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.

Rationale

Research has shown that among patients diagnosed with alcohol dependence, only 4.64% were referred for psychosocial treatment in the form of substance abuse counseling, inpatient rehabilitation programs,

outpatient rehabilitation programs, or mutual help groups. While pharmacologic therapy has established efficacy, often in combination with psychosocial therapy, in promoting abstinence and preventing relapse in alcohol-dependent patients, physician rates of prescribing pharmacologic therapy for alcohol dependence are also considerably low. A recent study found that these low rates prevail even among addiction medicine physicians who prescribed naltrexone to only 13% of their alcohol dependent patients. Pharmacotherapy and psychosocial treatment should be routinely considered for all patients with alcohol dependence, and patients should be informed of this option.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines (from the American Psychiatric Association [APA]) and represent the evidence base for the measure:

Psychosocial treatments found effective for some patients with an alcohol use disorder include motivational enhancement therapy (MET), cognitive-behavioral therapy (CBT), behavioral therapies, 12-step facilitation (TSF), marital and family therapies, group therapies, and psychodynamic therapy/interpersonal therapy (IPT). (APA, 2006)

Specific pharmacotherapies for alcohol-dependent patients have well-established efficacy and moderate effectiveness:

Naltrexone may attenuate some of the reinforcing effects of alcohol, although data on its long-term efficacy are limited. The use of long-acting, injectable naltrexone may promote adherence, but published research is limited and FDA approval is pending. [Note: Extended-release naltrexone for injection has since received FDA approval]

Acamprosate, a gamma-aminobutyric acid (GABA) analog that may decrease alcohol craving in abstinent individuals, may also be an effective adjunctive medication in motivated patients who are concomitantly receiving psychosocial treatment.

Disulfiram is an effective adjunct to a comprehensive treatment program for reliable, motivated patients whose drinking may be triggered by events that suddenly increase alcohol craving. (APA, 2006)

Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support. (National Quality Forum [NQF], 2007)

Primary Clinical Component

Alcohol dependence; psychosocial counseling; pharmacologic treatment

Denominator Description

All patients aged 18 years and older with a diagnosis of current alcohol dependence

Numerator Description

Patients who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Overall poor quality for the performance measured

Use of this measure to improve performance

Evidence Supporting Need for the Measure

Asch SM, Kerr EA, Keeseey J, Adams JL, Setodji CM, Malik S, McGlynn EA. Who is at greatest risk for receiving poor-quality health care. N Engl J Med. 2006;354(11):1147-56. [32 references] [PubMed](#)

Mark TL, Kranzler HR, Song X. Understanding US addiction physicians' low rate of naltrexone prescription. Drug Alcohol Depend. 2003 Sep 10;71(3):219-28. [PubMed](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

Internal quality improvement

Application of Measure in its Current Use

Care Setting

Ambulatory Care

Community Health Care

Physician Group Practices/Clinics

Professionals Responsible for Health Care

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Social Workers

Lowest Level of Health Care Delivery Addressed

Individual Clinicians

Target Population Age

Age greater than or equal to 18

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

See the "Rationale" field.

Association with Vulnerable Populations

Unspecified

Burden of Illness

Unspecified

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Patients aged 18 years and older with a diagnosis of current alcohol dependence

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

All patients aged 18 years and older with a diagnosis of current alcohol dependence

Exclusions

None

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Clinical Condition

Encounter

Denominator Time Window

Time window is a single point in time

Numerator Inclusions/Exclusions

Inclusions

Patients who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period

Exclusions

None

Measure Results Under Control of Health Care Professionals,

Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Encounter or point in time

Data Source

Administrative data

Medical record

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Rate

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Unspecified

Standard of Comparison

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

Unspecified

Identifying Information

Original Title

Measure #1: counseling regarding psychosocial and pharmacologic treatment options for alcohol dependence.

Measure Collection Name

The Physician Consortium for Performance Improvement® Measurement Sets

Measure Set Name

Substance Use Disorders Physician Performance Measurement Set

Submitter

American Medical Association on behalf of the American Psychiatric Association, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance - Medical Specialty Society

Developer

American Psychiatric Association - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

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Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Included in

Ambulatory Care Quality Alliance

Adaptation

Measure was not adapted from another source.

Release Date

2008 May

Revision Date

2008 Jul

Measure Status

This is the current release of the measure.

The Physician Consortium for Performance Improvement reaffirmed the currency of this measure in November 2010.

Source(s)

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

Measure Availability

The individual measure, "Measure #1: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence," is published in the "Substance Use Disorders Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org .

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on June 25, 2008. The information was verified by

the measure developer on August 13, 2008. The information was reaffirmed by the measure developer on November 17, 2010.

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